



Annexure -A

APPLICATION FORM FOR FIRMS/SUPPLIERS/SERVICE PROVIDERS

(other than Printers)

Category –Please specify clearly type of Vendors under 1 to 26as mentioned in the Advertisement.

SEPARATE APPLICATION REQUIRED FOR EACH CATEGORY OF SERVICES.

VENDOR TYPE -----

Sl. No _____

Serial No.	Information Sought	Information Provided
1	Name of the Firm: (In Block Letters)	
2	Date of Establishment / Incorporation	
3	Correspondence address and Telephone No. & e-mail ID	
4	Address of Head Office (If Separate) and Telephone No. & e-mail	
5	Status: Proprietary/ Partnership/Private Limited Company / Public Limited Company	
6	Names of the Partners /Directors	
7	Name of Chief Executive with his present addresses and Telephone Nos.	
8	Name of Representative (s) with Designation who would be calling on us and attending to our jobs	
9 *	Name of Bankers with Address & Telephone No. A/C No. IFS Code No.	
10	i) Date of Last Renewal of Licence (copy enclosed) ii) GST Registration no iii) Income Tax PAN Card no. iv) GST Registration No	i) ii) iii) iv)
11	Whether holding certificate under	

	Shops and Establishment Act duly renewed (Copy should be enclosed)	
12	State the latest Income tax Assessed year and amount of tax assessed (Copies of last 3 years .IT Return,Balance sheet & Revenue A/C to be enclosed)	
13	Turn over for Last three financials years FY 2019-20 FY 2020-21 FY 2021-22 (Attach Audited Revenue A/C & Balance sheet /IT Return)	
14	Are you agreeable to abide strictly by the terms and Conditions of the Tenders and Contracts.	
15	If your firm empaneled withb any office of LIC of India or any other PSU(Central),Please give name and address.	
16	Name and Adresses and Telephone Nos of some most valed clients.(Separate list may be attached)	
17	Approximate value of your output per year.	
18	Are you agreeable to make deliveries to Corporation offices when so direted.	
19	Total no of workmen deployed on various categories in this year.	
20	Mention any other specialties of your Establishment.	

Note Please tupe this form or fill it legibly in ink.If space provided is insufficient , please type or write the replies on a separate sheet giving appropriate question number and attach it to the Form.

I/We.....
request Life Insurance Corporation of India,Silchar Divisional Office,Jeevan Prakash to consider my/our application for empanelment as approved Service Provider/Suppliers/Firms (Strike out whichever is not aplicable) .We agree to give full satisfaction to the Corporation in the event of their doing so.

Dated.....thisday of2022

Seal & Sign of the Firm